

# Summer Day Camps

## Directions

Follow I-65 south from downtown and exit at I-265 west. From I-265 take the New Cut Road exit south (left) and follow New Cut Road for 1 1/2 miles. Turn right onto Mitchell Hill Road and follow it for 3/4 mile. Turn left onto Holsclaw Hill Road and follow it for 1 1/2 miles. Take a sharp right into the Horine Reservation, and the road ends at the Conference Center main parking lot.

Your camp leader will greet you at the drop-off area, but if you have trouble finding us, call 368-6856 or 366-5432.

## First day of camp

All campers must be checked in by a parent or guardian on the first day of camp. Please provide a list of people who are approved to pick your child up in case of emergency or if you have made arrangements for someone else to pick up your child. Please note that identification is required for those on your list before your child is released to them.

## Drop-off

Drop-off is located in the main parking lot and begins at 8:30 a.m. each day. Camp leaders will be there to greet campers each day. **No camper is to be dropped off prior to 8:30 a.m. Please note that if your camper is a Forest Explorer (ages 5-6) drop-off begins at 9:30 a.m.**

## Pick-up

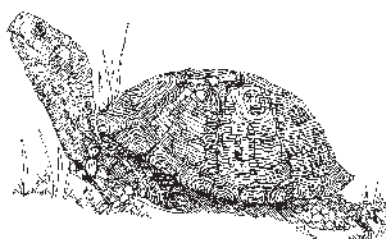
Staff members will dismiss Forest Explorers at 2 p.m. from June 23-27. All other campers will be dismissed at 4 p.m. Staff will stay with campers for 30 minutes. If a camper has not been picked up, the staff member will take them to the program office located at the front of the Horine reservation to the left of the road as you come into the reservation.

**It is important that campers be dropped off and picked up on time. Please respect other campers and staff by abiding to these times.**

Whoever picks up your child must check with the child's counselor first. To ensure the safety of your child, no one will be released to a vehicle without confirmation of identification.



**METRO Parks**  
www.metro-parks.org

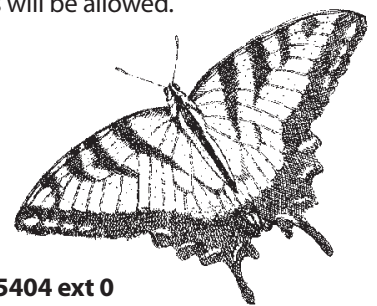


## Lunch

There will be a supervised lunchtime from Noon to 12:30 p.m. each day. Each camper is required to bring his or her own lunch and drink, and each lunch should be marked with that child's name. Refrigerators and microwaves will not be available to campers, and no vending service is available at lunch. A snack will be provided each morning. Forest staff will provide campers with water bottles at the beginning of camp and we recommend that campers bring them each day. There will be opportunities throughout the day to refill the bottles.

## What to wear

Your child will be outdoors making crafts and hiking. Casual, cool clothes that can get messy and comfortable athletic shoes are necessary. For your child's safety and comfort no flip-flops, clogs or sandals will be allowed.



**Jefferson Memorial Forest**  
11311 Mitchell Hill Road  
Fairdale KY 40118

Welcome Center • 502/368-5404 ext 0  
Website • [www.memorialforest.com](http://www.memorialforest.com)

**YOUR  
FOREST  
YOUR  
ADVENTURE**

# 2010 Jefferson Memorial Forest Summer Camp Registration

Registration fee must accompany this registration form.

Make checks payable to **Jefferson Memorial Forest**. When registering more than one child, send the information for each child on a separate form. Mail check and registration to:

**Jefferson Memorial Forest • Summer Camp • PO Box 467 • Fairdale, KY 40118**

## **Forest Adventures\***

☐ June 7-11

☐ July 12-16

\$115

## **Creature Trekking\***

☐ June 14-18

☐ July 19-23

\$115

## **Aquatic Camp\***

☐ June 21-25

☐ July 26-30

\$115

## **Forest Explorers**

☐ June 28-July 2

[ages 5-6]

\$105

## **Tim Travelers**

☐ July 6-9

[ages 8-11]

\$175

*\*The sessions in June repeat in July. Price is per week.*

Child's last name: \_\_\_\_\_ Child's first name: \_\_\_\_\_

Sex: ☐ M / ☐ F Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Is there a friend/sibling you would like placed with your child? \_\_\_\_\_

*This cannot be guaranteed if children are in different age groups or if space is not available.*

Does your child have any health concerns, special needs or allergies? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Jefferson Memorial Forest/Metro Parks to take any steps necessary to ensure my child's health in case of an emergency, including seeking medical treatment. My child has permission to go on all camp-sponsored field trips. I understand that transportation will be by van with a staff driver for all field trips.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize Jefferson Memorial Forest/Metro Parks to use my child's name and/or photograph for educational and public relations purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Payment**

☐ Check

Amount paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

☐ Credit Card:

☐ Master Card ☐ Visa

Name on the card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_